

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organization Element to which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0074-DC-2002-127		OMB Approval No. 0348-0039		Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT DIVISION OF COMMUNITY ADVOCACY P.O. BOX 110803, JUNEAU, AK 99811-0803							
4. Employer Identification Number 92-6001185		5. Recipient Account Number or Identifying AR31550-09, AR32684-09		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/10/2002		To: (Month, Day, Year) 12/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006		To: (Month, Day, Year) 12/31/2006	
10. Transactions:				I Previously Reported		II This Period	
a. Total outlays				1,134,079.14		1,650,468.23	
b. Recipient share of outlays				285,321.66		1,599,225.71	
c. Federal share of outlays				848,757.48		51,242.52	
d. Total unliquidated obligations						316,727.19	
e. Recipient share of unliquidated obligations						316,727.19	
f. Federal share of unliquidated obligations						0.00	
g. Total federal share (Sum of lines c and f)						900,000.00	
h. Total Federal funds authorized for this funding period						900,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)						0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate		c. Base		d. Total Amount	
						e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: "This Period" adjustments for prior reporting errors.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents							
Typed or Printed Name and Title Lani C Saceda, Accountant				Telephone (Area code, Number and extension) (907) 465-4710			
Signature of Authorized Certifying Official <i>Lani C Saceda</i>				Date Report Submitted 3/1/2007			

Previous Editions not Usable

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110

ACCEPTED

ENTERED